RAPHAEL SAMWEL MOSHA
P. O. Box 47 DODOMA
5|SEPTEMBER|2024

JITUNZE AJINI SANGA
NARA PHARMACY
NJOMBE, LUDEWA

YAH: KUSITISHA MKATABA WA KUSIMAMIA NARA PHARMACY

Tafadhali husika na somo tajwa hapo juu.

Unakumbuka tuliingia mkataba wa kusimamia pharmacy ya Nala nikifanya kazi kama mfamasia.

Kufuatia uhamisho nilioupata na kuhama kutoka mkoa wa Njombe naandika barua hii kusitisha mkataba wa kusimamia pharmacy ya Nala kutokana na kushindwa kutimiza majukumu yangu kama yalivyoainishwa chini ya kipengele 4.2 cha Superintendent cha mkataba.

Hivyo basi nasitisha rasmi mkataba huu leo 5|SEPT|2024 ili kukidhi matakwa ya sheria.

Ninakutakia uadilifu katika kazi

Nakala
Baraza la pharmacy.

PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent [✓] Other Pharmaceutical Personnel [ ]

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy NARA PHARMACY Facility Identification Number (FIN) 0103121

Physical address:

Street IBANI Ward LUDEWA District/Municipal LUDEWA Region NJOMBE

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name RAPHAEL SAMWEL MOSHA PIN 0103515 Phone 0672481413

Address 19 LUDEWA Email nadalsanzian@gmail.com

A.3. REASON(s) FOR CHANGE MIGRATION

Time frame of notification: (As per Contract) 30 Signature Mosha Date 5/SEPT/2024

A.4. OWNER'S DETAILS

Full Name JITUNZE AJINI SANGA Phone Number 0753 730818

Remarks

Signature Date 5/SEPT/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone Number Email

Physical address:

Street Ward District/Municipal Region

Details of Previous pharmacy:

Name of Pharmacy FIN District/Municipal Region

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations

Full Name Designation Signature Date

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.